



# MIAMI BEACH

City of Miami Beach, Cultural Affairs Program, Cultural Arts Council

## Cultural Heritage Program Grant Application 2010/2011

Non-Profit Organization Name: \_\_\_\_\_  
(Name as it appears in articles of incorporation)

Federal ID# \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Executive Director \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Grant Writer \_\_\_\_\_

Grant contact person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Web address \_\_\_\_\_

Grant Amount Maximum Request Level (select one):

☐ \$5,000 - for Cultural Ignition Program

☐ \$5,000 - for proposed project budgets under \$25,000

☐ \$10,000 – for proposed project budgets at or above \$25,000

Proposed project title \_\_\_\_\_

Project start date \_\_\_\_\_ Project end date \_\_\_\_\_

Total proposed project budget \$\_\_\_\_\_ Total proposed organizational budget \$\_\_\_\_\_

Is your organization currently involved in litigation with the City of Miami Beach? Yes ☐ No ☐

## **Grant Proposal**

*Please type in 12 point type and only in designated space.*

### **Artistic/Cultural Merit and Program Quality – Questions 1-3**

**1. Project Summary (up to two pages):** In narrative form please outline in detail the organization's prior fiscal year's Miami Beach-based arts programming including dates, times, venues, artists, marketing materials, attendance, audience demographics, incorporation of new technology and artistic collaborations. Description of proposed project for next Fiscal Year's grant. Include how proposed project components differ from prior Fiscal Year's Miami Beach-based arts programming.

**Project Summary Page 2.**

**2. Organization's Mission (up to 1/2 page):** Please state the mission of your organization and describe how the project directly supports this mission.

**3. Project Evaluation (up to 1/2 page):** Describe your method of evaluating the project. Please specify the particular program offerings by date, venue, constituencies addressed, demographic profiles, etc. Include attendance figures for each performance from your previous season and address each point on the audience survey provided. (Attach a sample survey tool.)

### **Community Impact – Questions 4 - 6**

**4. Marketing Plan (up to one page):** Please outline in detail the marketing plan for the proposed project.

**5. Project's Impact (up to 1/2 page):** Provide a brief synopsis detailing the expected impact of this project in the arena of cultural heritage. Please include a comparison of prior year's project results to projected project's impact.

**6. Fostering Cultural Diversity (up to 1/2 page):** Describe how this project will foster cultural diversity, collaborations and/or partnerships with community organizations, and provide outreach to underserved constituencies and/or locations.

## **Organizational Structure and Management – Questions 7 - 8**

**7. Board Management and Structure (up to one page):** Please describe your Board management and structure, including required annual meeting dates and information on minority representation. Then provide a detailed synopsis of your Board's current goals and objectives. *Please attach current Board list with current contact information and **brief** bios of members behind this page (required).*

**8. Organization's Administrative Structure (up to one page).** Please describe the organization's administrative structure which includes management and cultural staff. *Please attach current administrative and cultural staff lists with brief bios attached behind this page (required). Also attach a copy of an organizational table, if available.*



## Budget Feasibility and Fiscal Responsibility

### FINANCIAL INFORMATION SUMMARY

	Completed Fiscal Year FY 2008/09	Current Fiscal Year FY 2009/10	Proposed Fiscal Year FY 2010/11
City of Miami Beach Cultural Grant Amount Requested/Awarded:	/	/	
	requested/awarded	requested/awarded	requested
Total Project Budget:			
Total Organizational Budget:			

List all City of Miami Beach cultural grants your organization has received over the past three years.

Fiscal Year	City of Miami Beach Cultural Grant Program Name	Project Name	Requested/Awarded

Please list below funding for proposed fiscal year both secured and pending  
from all sources ***other than City of Miami Beach Cultural Affairs.***

Month/Year Requested	Funding Source	Amount Requested	Secured or Pending (please specify)

#### Other Funding Totals:

*Please do not include City of Miami Beach Cultural Grant requested.*

Requested \$

Pending \$

Received to Date \$

## PROJECT EXPENSE BUDGET

List all project related expenses. Round amounts to the nearest dollar (do not show cents). Provide an additional sheet with an itemized budget for any items in the "Other Costs" category above \$5,000. NOTE: Total project expenses and revenues must equal.

	CASH EXPENSES	=	GRANT DOLLARS ALLOCATED	+	CASH MATCH (MIN \$1 TO \$1)	*IN-KIND CONTRIBUTIONS
<b>PERSONNEL</b>						
ADMINISTRATIVE: No. of EMPLOYEES: _____	_____		N/A		_____	_____
ARTISTIC: No. of ARTISTS: _____	_____		_____		_____	_____
TECHNICAL: No. of EMPLOYEES: _____	_____		_____		_____	_____
OUTSIDE ARTISTIC FEES: No. of ARTISTS: _____	_____		_____		_____	_____
OUTSIDE TECHNICAL FEES: No. of TECHNITIONS: _____	_____		_____		_____	_____
MARKETING/PUBLICITY _____	_____		_____		_____	_____
PRINTING _____	_____		_____		_____	_____
POSTAGE _____	_____		_____		_____	_____
IN COUNTY TRAVEL (PERFORMANCE RELATED ONLY) _____	_____		N/A		_____	_____
OUT OF COUNTY TRAVEL _____	_____		N/A		_____	_____
EQUIPMENT RENTAL _____	_____		_____		_____	_____
EQUIPMENT PURCHASE _____	_____		N/A		_____	_____
SPACE RENTAL (PERFORMANCE RELATED ONLY) _____	_____		_____		_____	_____
INSURANCE (PERFORMANCE RELATED ONLY) _____	_____		N/A		_____	_____
UTILITIES _____	_____		N/A		_____	_____
SUPPLIES/MATERIALS _____	_____		_____		_____	_____
OTHER COSTS (ITEMIZE BELOW): _____	_____		_____		_____	_____
_____	_____		_____		_____	_____
_____	_____		_____		_____	_____
_____	_____		_____		_____	_____
_____	_____		_____		_____	_____
_____	_____		_____		_____	_____
_____	_____		_____		_____	_____

**GRANT AMOUNT REQUESTED**

**TOTAL CASH EXPENSES**

= \_\_\_\_\_ + \_\_\_\_\_

**TOTAL IN-KIND CONTRIBUTIONS**

\*In-Kind Contributions must not exceed 25% of Total  
Cash Expenses stated above.

**TOTAL PROJECT EXPENSES**

\$

**Sum of Cash & In-Kind**

**\*In-kind contributions** are the documented fair market value of non-cash contributions provided to the grantee by third parties which consist of real property or the value of goods and services. These figures are not included in budget calculations. Please note that In-Kind contributions may not exceed 25% of the total organizational budget and total cash project budget.

## PROJECT REVENUE BUDGET

List all project related revenues. Round amounts to the nearest dollar (do not show cents). Provide an additional sheet with an itemized budget for any items in the "Other Revenues" category above \$5,000. NOTE: Total project expenses and revenues must equal.

	CASH INCOME	IN-KIND VALUE	IN-KIND SOURCE
ADMISSIONS	<hr/>		
CONTRACTED SERVICES	<hr/>		
TUITIONS	<hr/>		
CORPORATE SUPPORT	<hr/>		
FOUNDATION SUPPORT	<hr/>		
PRIVATE/INDIVIDUAL SUPPORT	<hr/>		
GOVERNMENT GRANTS – (IDENTIFY SOURCE)	<hr/>		
FEDERAL	<hr/>		
STATE	<hr/>		
LOCAL	<hr/>		
APPLICANT CASH ON HAND	<hr/>		
OTHER REVENUES (ITEMIZE BELOW):			
<b>GRANT AMOUNT REQUESTED</b> MUST EQUAL GRANT AMOUNT REQUESTED ON ALL OTHER PAGES	<hr/>		

**TOTAL CASH REVENUES**  
MUST EQUAL TOTAL CASH EXPENSES ON  
PROJECT EXPENSE BUDGET

**TOTAL IN-KIND CONTRIBUTIONS**  
MUST EQUAL TOTAL IN-KIND ON PROJECT  
EXPENSE BUDGET

**TOTAL PROJECT REVENUES**  
MUST EQUAL TOTAL PROJECT EXPENSES

\$

**Sum of Cash & In-Kind**

# ORGANIZATIONAL BUDGET

ATTACH ITEMIZED IN-KIND CONTRIBUTIONS LISTS (3 YEARS) BEHIND THIS PAGE

FISCAL YEAR (MONTH/DAY): \_\_\_\_\_ TO \_\_\_\_\_

	<u>PROPOSED</u>	<u>CURRENT</u>	<u>COMPLETED</u>
<u>EXPENSES</u>	FY _____ - _____	FY _____ - _____	FY _____ - _____
PERSONNEL – ADMINISTRATIVE			
PERSONNEL – ARTISTIC			
PERSONNEL – TECHNICAL			
OUTSIDE ARTISTIC FEES/SERVICES			
OUTSIDE OTHER FEES/SERVICES			
MARKETING/PUBLICITY			
TRAVEL/TRANSPORTATION			
EQUIPMENT RENTAL			
EQUIPMENT PURCHASE			
SPACE RENTAL			
UTILITIES			
REMAINING OPERATING EXPENSES			
TOTAL CASH EXPENSES			
IN-KIND CONTRIBUTIONS - MAY NOT EXCEED 25% OF THE TOTAL ORGANIZATION BUDGET - ATTACH ITEMIZED LIST EACH YR.			
<b><u>TOTAL EXPENSES</u></b>			
<u>REVENUES</u>			
ADMISSIONS			
CONTRACTED SERVICES			
TUITIONS			
CORPORATE SUPPORT			
FOUNDATION SUPPORT			
PRIVATE/INDIVIDUAL SUPPORT			
GOVERNMENT GRANTS - FEDERAL			
GOVERNMENT GRANTS - STATE			
GOVERNMENT GRANTS - LOCAL			
APPLICANT CASH ON HAND			
OTHER REVENUES			
TOTAL CASH INCOME			
IN-KIND CONTRIBUTIONS - MAY NOT EXCEED 25% OF THE TOTAL ORGANIZATION BUDGET - ATTACH ITEMIZED LIST EACH YR.			
<b><u>TOTAL INCOME</u></b>			

**REQUIRED ATTACHMENTS – please attach as indicated to the application and all application copies.**

Attach within application:

- ✓ Letters of Intent from each performance venue and from all artists appearing as guests with the applicant organization referenced in your project summary.
- ✓ Current Board membership (with contact information) and staff lists with brief bios included
- ✓ All Itemized in-kind contribution lists as indicated on the organizational budget page. In-Kind contributions may not exceed 25% of the total organizational budget. In-kind contributions are the documented fair market value of non-cash contributions provided to the grantee by third parties which consist of real property or the value of goods and services.

Attach at end of application:

- ✓ Additional supplemental organizational and program materials are limited to 5 pages front and back.

Attach one copy only at end of signed original application:

- ✓ Organization's most recent fiscal year IRS Form 990.
- ✓ A copy of your 501(c)(3) letter of determination, dated within the past two years. Updated letters can be obtained from the Internal Revenue Service via fax and mail at 1-877-829-5500.

**Please note:** All organizations must be registered as Lobbyists with the City of Miami Beach City Clerk's office prior to presenting to the Grant Panelists. Non-profit organizations are exempt from paying the fee but must still register. For more information, please call 305-673-7411 or visit <http://www.miamibeachfl.gov/newcity/depts/clerk/clerk.asp>.

**CERTIFICATION / SIGNATURE**

I certify that all information contained in this application and attachments are true and accurate, and that I am authorized by the applicant hereto to execute this application.

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

All funded activities must provide equal access and equal opportunity in employment and services and may not discriminate on the basis of disability, race or ethnicity, color, creed, national origin, religion, age, gender, or sexual preference, in accordance with Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and Title IX of the Education Amendments of 1972 as amended (42 U.S.C. 2000d et seq.), the Americans with Disabilities Act (ADA) of 1990, and Section 504 of the Rehabilitation Act of 1973.

Grantees must include the following credit line in all promotional and marketing materials related to this grant including news releases, public announcements, press releases, print and broadcast media: "With the support of the City of Miami Beach Department of Tourism and Cultural Development, Office of Cultural Affairs, and the Miami Beach Mayor and City Commissioners." Grantees are also required to use the City of Miami Beach logo in marketing and publicity materials. Logo files are available at [www.mbculture.org](http://www.mbculture.org) under *Grants*.

The City of Miami Beach provides equal access and equal opportunity in employment and services and does not discriminate on the basis of race or ethnicity, color, creed, national origin or religion, age, gender, sexual preference, in accordance with Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and Title IX of the Education Amendments of 1972 as amended (42 U.S.C. 2000d et seq.). The City of Miami Beach Department of Tourism and Cultural Development, Office of Cultural Affairs, supports and advocates compliance with the requirements of the Americans with Disabilities Act (ADA) of 1990, and Section 504 of the Rehabilitation Act of 1973 which prohibit discrimination on the basis of disability.